

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,
EDITORS.

THE JANITOR WAS ARRESTED.

In the third number of this journal (January, 1876,) we took occasion to review the subject of anatomical material, and in the course of our remarks made use of the following language:

"Stop this dealing with irresponsible parties. If the school can not afford to employ a proper agent, who under responsible direction will see that only proper material is obtained, the sooner it goes to the wall the better. Such scenes as those which occurred in a northwestern city a month or so ago are disgraceful, not only from the heartlessness but the idiocy shown. Any attempt to obtain supply outside of the friendless is a crime against humanity and the interest of education. For the argument is plain: the only injury which can be done by dissection is to the feelings of surviving friends. If there be none such, no injury is inflicted, and exposure can excite no personal feelings against the profession. The law tacitly acknowledges the necessity of dissections, though legislatures are slow to grant anatomy acts. The law is quite ready to wink at the matter, but common sense demands that it should be soberly, decently, and secretly carried out."

We have printed again the above extract from the editorial in question as apropos to the recent occurrence which took place in Ohio. Certainly we have no desire to dwell on the event. The Ohio Medical College has been guilty of great social outrage. For this we leave it to the newspaper press, which has so thoroughly and justly scored it for its offense. It has also perpetrated a great crime against the interests of medical education, for which it becomes our duty to condemn it. We declare that the violation of Harrison's grave was something that could not have occurred had the

proper men been in charge of the dissecting room of the college; and it behooves the faculty to move in the matter, and discharge them from positions which they have disgraced—if not by direct complicity, at least by being parties to a system which allowed such an outrage to occur. The janitor is not the man.

We print elsewhere an abstract of the proceedings of the American Medical College Association. The utmost harmony pervaded the meeting. A brilliant future is in prospect. As we predicted, the first great step to be accomplished was the establishment of confidence between the schools. This has been done, and now they press forward to a higher standard of education. The day is near at hand when an "American diploma" will need no apologies.

THE American Medical Association held its annual meeting at Buffalo, according to programme, during the first week of June. In point of numbers, scientifically, and socially, the meeting was one of the most successful that the Association has ever held. The beautiful city of the lake swarmed with members of the medical fraternity from all over the Union. The hall where the meeting was held was densely crowded with delegates and visitors, six hundred names appearing on the register, and the work in the sections was vigorously prosecuted. Seldom before, too, have there been so many representative men present. The president, Prof. Richardson, delivered a masterly address on medical education and state medicine, which

was enthusiastically received. The addresses by the chairmen of the sections—notably those by Henry Smith, Loomis, and Cabell, were admirable in style and matter. Any thing like detail of the events of the meeting is out of question in the editorial space of one number. They will form food for contemplation these many days to come. The feature which stands forth most prominently is that the American Medical Association grows yearly in strength, and is accomplishing a grand mission for American medicine.

DURING the late session of the American Medical Association the members were entertained by the gentlemen of the Buffalo Club, who gave a very handsome reception at their house; by the Buffalo Academy of Fine Arts, where rare specimens of art were exhibited, and by Mr. Rumsey and Dr. White at their wonderfully handsome homes. The entertainments closed with a banquet at the International Hotel, at Niagara, given by the profession of Buffalo. Even the most cosmopolitan must have been struck with the elegance displayed upon these occasions. Buffalo has certainly made a lasting impression upon the hearts of the members of the Association.

THE MEDICAL COLLEGE ASSOCIATION.

The Association of American Medical Colleges met in the hall of the Buffalo Medical College, June 3, 1878. The president, Prof. J. B. Biddle, of the Jefferson Medical College, occupied the chair, and Dr. L. Connor, of the Detroit Medical College, was at his desk as secretary.

The first order of business being the presentation of credentials, the following colleges were found to be represented.

LIST OF THOSE PRESENT.

Rush Medical College—Prof. Moses Gunn.
 Jefferson Medical College—Profs. S. D. Gross and J. B. Biddle.
 Medical Department University of Louisville—Prof. J. M. Bodine.
 Detroit Medical College—Profs. L. Connor and E. W. Jencks.

Chicago Medical College—Prof. N. S. Davis.
 Miami Medical College—Prof. W. H. Mussey.
 Starling Medical College—Prof. H. G. Landis.
 Medical Department of University of Nashville and Vanderbilt—Profs. T. Menes and W. T. Briggs.
 Louisville Medical College—Prof. A. B. Cook.
 Medical Department University of Iowa—Profs. E. F. Clapp, W. F. Peck, W. S. Robertson.
 Kansas City College of Physicians and Surgeons—Prof. T. B. Lester.
 Medical Department of Michigan University—Prof. E. S. Dunster and George E. Frothingham.
 Missouri Medical College—A. P. Lantford.
 Bellevue Hospital Medical College—Prof. A. Flint, Jr.

Cleveland Medical College—Prof. X. C. Scott.

The minutes of the previous meeting having been published, the reading of them was dispensed with.

Objections against the admission of Howard University, D. C., to the Association, were then taken up, and after some discussion the objections were sustained, and the college refused admission by a vote of 12 to 2.

REPORT OF THE SECRETARY.

The secretary presented a report, from which it is learned that there are twenty-five regular members and one affiliated member. Applications for membership had been received from the Ohio Medical College March 26th, and the Alabama Medical College March 18th last. As soon as the report was issued last fall a letter was sent to all regular medical colleges of the United States, asking if they conformed to the articles of confederation required of regular or affiliated members. Accompanying this letter was sent the pamphlet containing a history of the organization of the Association, its constitution, by-laws, articles of confederation, and list of members. Two colleges—Harvard and the Medical Department of the University of Pennsylvania—replied that they regarded it inadvisable for them to join the Association.

Annual reports from the colleges were then received and read by the secretary. These reports noted the honorary degrees conferred by each college within the year, with the age and name of the recipient and the reason why the degree was given. They also gave the names of all persons who had been allowed remissions or reductions of established fees, with the reasons in each case for the proceeding.

The secretary also presented from the same colleges catalogues and advertisements issued by the same call as during 1877-78.

The following resolution was then offered by Prof. Flint, of New York:

Resolved, That the secretary of the Association be and is hereby directed to furnish, one in each year, to each and every college member and to each affiliated

college, a printed list of college members and affiliated colleges, the diplomas and tickets of which are to be recognized by the college members and affiliated colleges; and also to furnish to college members and affiliated colleges, a printed list of those colleges (not including irregular colleges) of the United States that are not affiliated, and that are not eligible for membership of the Association, the diplomas and tickets of which are not to be recognized by college members and affiliated colleges; and also to furnish with said list of colleges not to be recognized, the dates at which said colleges had become ineligible for membership of the Association, and after which the diplomas and tickets of said college are not to be recognized.

This was adopted, with slight modification.

A resolution was offered by Prof. Flint, seconded by the College of Physicians and Surgeons in New York, to change the number of beneficiaries from five per cent of matriculants to ten per cent of graduates.

It was laid over one year.

AFTERNOON SESSION.

On motion, Profs. Davis, Flint, and Gross were appointed by the chair a committee to consider the whole matter in relation to the classification of the medical colleges.

Prof. Gross, with a few introductory remarks, offered a series of preambles and resolutions contemplating a meeting, in September, of representatives, at Washington, for the purpose of raising the uniform standard of medical education.

Prof. Davis, in seconding the resolutions, gave a history of the efforts made to improve college-instruction during the past twenty-five years. He thought that sentiment in and out of the profession had reached a point which called for the proposed advancement in medical education. He was in favor of having a three-years' course of instruction, of not less than eight months' duration per year, and no student could enter upon his studies in any college until he had first given some evidence of preparation. He hoped to live to see the medical profession at the head of all science, where it belonged, and the adoption of the resolutions would be an important step in the right direction.

Prof. Gunn, of Rush College, was in favor of a three-years' course as the requisite to graduation of students.

The secretary read a letter from Prof. Seely, of the Ohio Medical College, in which he spoke in favor of a full course. The secretary also stated that he was of the opinion from the correspondence he had had that a majority of the colleges were in favor of the full course.

Prof. Bodine offered an amendment in effect that the conference be under the auspices of the Association. After some discussion the amendment was lost. The Friday preceding the meeting of the American Medical Association next year was fixed as the day

for the holding of the conference, and the preambles and resolutions were then adopted.

Prof. Flint offered a preamble and resolution in effect that the tickets and diplomas of the Nashville Medical College shall not be recognized by the Association so long as the institution gives two graduating courses a year, and accepts three years' practice in lieu of a course of lectures.

The election of officers resulted as follows:

President—J. B. Biddle, M. D.

Vice-president—N. S. Davis, M. D.

Secretary and Treasurer—Laertes Connor, M. D.

Dartmouth Medical College offered its resignation as an active member of the Association. The matter was laid on the table for one year. The medical college at Ft. Wayne having been dissolved, and a new one organized, the application of the latter to the place of the former was refused. The new organization was directed to send in its formal application as a new college.

The College of Physicians and Surgeons of Indianapolis, and the Medical Department of the University of Missouri signified their intention of applying for membership in the Association.

On motion of Prof. S. D. Gross, the thanks of the Association were tendered to the officers for the efficient manner in which they had discharged their duties.

On motion of Prof. Connor, the Association tendered its hearty thanks to the faculty and officers of the Buffalo Medical College for their courtesy in furnishing commodious rooms for the meeting of the Association.

The Association then adjourned, subject to the call of the president.—*Extract from Report of Buffalo Commercial Advertiser.*

Original.

DR. PARVIN'S SPEECH IN ACCEPTING THE PRESIDENCY OF THE ASSOCIATION.

Gentlemen of the American Medical Association:

I acknowledge both pride and pleasure in accepting the highest honor of the American profession. Would that it were in my power to render suitable thanksgiving to you for conferring this honor—thanksgiving in words of grace and humility, and yet in all earnestness and with the fullness of truth. If, as one of the great English poets has taught, there are "thoughts that lie too deep for tears," so there are some-

times emotions and feelings that can not find adequate expression in words—tongue can not always tell what the heart feels.

Nevertheless, though imperfectly, I give you thanks. I thank you for myself and for the state of which I am a citizen. I thank you in behalf of the Northwest, with its sisterhood of states, whose representative I was so kindly and generously made; a territory imperial in extent, in resources, in powers, and possibilities.

But this Association is not limited by state lines or inclosed in territorial boundaries. From ocean to ocean, from the lakes to the gulf, it casts its golden girdle around the whole profession. And so unto you now, my brothers of the North and of the South, of the East and of the West, for fraternal deed fraternal thanks are given.

One of the old Greek philosophers, Anaxagoras, was reproached with want of patriotism, but he denied the charge, and pointing to the stars, exclaimed, "There is my country!" In like manner the American physician, however humble his position, however remote from the great medical centers—he may never have trodden the classic streets of Boston, or rested beneath the shadow of Harvard, he may not have dwelt in those, to this country, ancient founts of medical instruction, Philadelphia or New York—can point with pride and joy to the American Medical Association. Here are country and kindred. Here is a light to guide, strength to help, and hope to encourage the humblest as well as the highest. It is of the profession and for the profession; not narrow but catholic; not provincial but general; not of a city or of a state, but of the whole country.

Gentlemen in the distance of their homes and in the quiet of their studies may speculate on the functions of the Association, and may sometimes even write severe criticisms of its action, and suggest Utopian schemes for its improvement. But let them come to it, learn its history and traditions, understand its polity, not only witness but participate in its action, and thus help its higher develop-

ment and nobler progress, instead of finding fault afar off, where fault-finding must be powerless for good, and may be potent for evil.

Meantime and ever those of us who see in it the organized power of the profession will with united energies labor for its advancement, bating no jot of heart or hope, follow its fortunes, and transmit it to our successors as the richest of medical inheritances.

A soldier of the first Napoleon, I believe, when wounded in the chest said to the surgeon probing his wound, "Go deeper, go deeper and you will find the emperor." Deep in all our hearts is the American Medical Association, and there it will remain until those hearts shall beat no longer.

SOME QUESTIONS IN GYNECOLOGY.

Part II.

BY L. S. OPPENHEIMER, M. D.

The principal diatheses, or constitutional diseases which affect the uterus are: *scrofula*, *tuberculosis*, *syphilis*, *chlorosis* (?), *cancer* (?), and Martineau adds, *herpetism* and *arthritis*, meaning by *arthritis* rheumatism and gout. Some of the more prominent features in these different diseases as affecting the uterus are given in order below:

Scrofula.—The first of these affections—*scrofula*—seems, so far as my experience goes, to demonstrate itself in uterine maladies much more frequently than any other constitutional disease. Those troubles born under its influence are characterized by their tendency to remain unchanged, to become chronic by their torpor, by their obstinacy to local treatment. If there be a simple catarrh, the utero-vaginal secretion will be found to be excessively abundant, and holding in suspension a more or less considerable number of leucocytes. The uterine tissue becomes hypertrophied, the cervix grows to an enormous size, because it is the seat of frequent congestions, under the influence of which it hypertrophies just as do the lips or

nose of scrofulous subjects, in consequence of repeated inflammations; the tendency is to ulcerate and to become chronic. In addition there is sometimes intense pruritus and erythema of the vulva.

It has probably been noticed by many of you that in these scrofulous cases the slightest causes may give rise to a chronic metritis or areolar hyperplasia,* which resists almost all treatment, or else to a vaginitis or vulvitis. All this may occur with or without ulceration or granulation; or the scrofula may show itself on the mucous membranes of the genital canal, just as Bazin has indicated in scrofulides of the skin, in the form of eczema or herpes of the vulva, vagina, or cervix, a very common state of affairs, which most of you have frequently seen, but have probably in most cases been unable to ascribe to their true source, simply because other signs were wanting.

It is not rare in this disease, nor in tubercle, to see the leucorrhea accompanied by vesical, intestinal, or even bronchial catarrh, which, if present, render the diagnosis much easier.

Tubercle.—The second of these diatheses—*tubercle*—as affecting the uterus, has been much cleared up by Kiwisch,† Cruveilhier,‡ Brouardel,§ Ranvier and Cornill|| and others, but is still a rather dark question. It is said, for instance (with what truth I have never been able to tell), that most tubercular patients suffering from phlegmasia uteri alternate with the lung- and uterus-troubles; when the metritis improves the lung-trouble grows worse, and *vice versa*. The metritis in these cases may develop itself spontaneously, or, as is oftener true, seems to await some accidental impulse favorable to its development, such as an accouchement or an abortion. At the same time it should not

be forgotten that these are not infrequently the starting-points for active pulmonary tuberculosis in predisposed patients. The metritis in these cases is often hemorrhagic, and these repeated hemorrhages may thus become a point of departure for the general disease, or an aggravation of it if already present.

With regard to tubercularization of the uterus itself, this is one of the most difficult diseases to diagnose, and impossible to cure. Fortunately, however, it belongs to the rare diseases of this organ, and need therefore not frighten the practitioner.

Syphilis plays a far more considerable rôle in uterine affections than the tubercle. I do not refer to those specific marks which usually develop themselves on the cervix—such as chancres or venereal ulcers, mucous patches, etc.—but to the virtually uterine troubles, particularly endometritis, less rarely, metritis. Manifestations of herpes are also quite common.

Another favorite form in which syphilis develops itself is a kind of *exulcerative hypertrophy* of the cervix. This begins as a simple hypertrophy, which soon extensively ulcerates the cervix, but does not usually penetrate into the body of the uterus. Dr. Ainé Martin,* who reports a number of cases of this kind, compares the process to the external specific changes which take place in the tonsils. It resists obstinately local interference, except sometimes the most powerful caustics, such as nitric or chromic acids, or, what I prefer, the acid nitrate of mercury. But these do not in the majority of these cases by any means succeed alone; but, upon the other hand, it rapidly succumbs to antisyphilitic treatment. Whitehead† and de Fourcault‡ have made a study of these specific changes, and the above coincides very nearly with their views and experience.

Some of these cases, at first simple ulcers, take on the form of corroding § ulcers sim-

* T. Gaillard Thomas proposes this latter name instead of *chronic metritis*. I think it best, however, to retain both nomenclatures—the former to indicate those diseases having their origin in an inflammatory condition, the latter for those cases where no marked inflammatory condition has ever existed.

† Klinische Vorträge Prag, 1849.

‡ Thèses de Paris, 1865.

§ Anatomie path., Paris, 1864.

|| Traité d'Anatomie path., Paris, 1876.

* Annales de Gynecology, Paris, 1877.

† London, 1857.

‡ Etude sur l'hypertrophie consécutive du col de l'utérus dans la syphilis secondaire, Paris, October, 1877.

§ Clarke, London, 1859.

ulating cancer. Rokitsansky* describes it as an ulcer without neoplasm, which little by little, like the phagedænic ulcer of the skin, destroys the neighboring tissues, consuming the cervix uteri, a great part of its body at times, and the adjacent structures, bladder and rectum. A case of this character once came under my notice where every local sign of medullary carcinoma was present, the cauliflower-appearance, the peculiar consistency, the excessive ulceration, an offensive and excessive secretion, absence of all pain, infiltration of neighboring glands, etc. The patient had been under my treatment previously for secondary syphilis. The local treatment here exhibited was a thorough cauterization extended into the body of the uterus by means of the acid nitrate of mercury followed by a glycerine tampon. (Apropos, a glycerine tampon slightly carbolized is, as Dr. J. Marion Sims justly advises, one of the most admirable uterine dressings for general purposes of which I know.) The patient began feeling the effects of the cautery about four hours after, large doses of opium being required to quiet the intense suffering. Glycerine tampons were applied daily for ten days; at the end of which time an examination showed, to my great surprise, the neck entirely healed, leaving comparatively but a slight cicatrix. General specific treatment was then instituted, since which date no peculiar troubles have shown themselves. This was one of the exceptional cases where local treatment alone sufficed to cure the local disease, but such cases are indeed rare.

Other writers speak of chronic ulcers of the urethra as probably due to syphilis. West† reports six cases, Odmanson‡ four; of these ten, eight were prostitutes, and four had shown definite signs of syphilis some time during life. In one of these latter cases antisyphilitic treatment was without effect on the urethral disease, but all the others were benefited. The patients did not

suffer pain; had retention of urine in the beginning of the disease, with pain on urinating.

Chlorosis, the next disease in order, may be looked upon in its effects upon the uterus as an ordinary anæmia. The writers and practitioners of this theory of generalization attempt to give it an independent rank among constitutional diseases, saying that it is a cause as well as a result of uterine changes. This is of course contrary to our modern teachings; and until better proof is given us than simple, undemonstrated statements, we must accept the theory making chlorosis a symptom and not a disease.

The only rôle that I saw chlorosis take in uterine maladies was that which all of you have seen play here, and which I have compared to that of anæmia. I could see nothing specific in its action upon the uterus. We meet with uterine catarrh, dysmenorrhea, metritis, etc., termed by the above writers "chlorotic leucorrhea, chlorotic dysmenorrhea," etc., all of which might exist independently of any diathesis whatever.

Tillot,* who appears to be the strongest believer in chlorosis as a cause of uterine disease, believes that peri-uterine troubles and hypertrophies are more likely to occur in these subjects. This I can not believe any more peculiar to this state than the aforementioned train of disorders, nor are any of these troubles more peculiar to anæmia than to any other constitutional condition.

Cancer.—You are all too well acquainted with the reasons given by Dr. Billroth for considering the beginning of carcinoma non-constitutional. It is only mentioned here in order to briefly criticise the opinion of its constitutionality with a single well-known argument. I hope, therefore, that the liberty taken in bringing it into this paper will be pardoned.

Numerous cases are reported of cures by hydrotherapeusis, cauterizations, etc. Such cases, I regret to say, have never come under my observation after being cured. My

* Lehrbuch der Path. Anat., Wien, 1851.

† West: Lectures on Diseases of Women, London, 1861.

‡ Odmanson: Chronic Ulceration of the Urethra in the Female, 1877.

* Thèses de Paris, 1860.

experience in the ultimate results of these cases is limited to those cured by operative means and those ending fatally. The only argument I wish to offer here is this: if a number of undoubted carcinoma are treated by the knife (that is, by amputation in whatsoever manner, and no medicines exhibited), and these patients, after twenty or twenty-five years, have no recurrence of any thing akin to this disease, is it safe and logical to conclude that these patients have never had any characteristic constitutional affection?

The last two conditions, *chlorosis* and *cancer*, may therefore, in my opinion, be left out of our list; because, even were we to consider chlorosis as an ordinary anæmia in its effects on the uterus, this latter condition is too familiar to all to permit any extra discussion in a paper of this character.

LOUISVILLE.

Reviews.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, Physician to the Dispensary for Diseases of the Skin, Philadelphia, etc. PART III: Eczema (*Squamosum*), Syphiloderma (*Erythematosum*), Purpura (*Simplex*), Syphiloderma (*Papulosum et Pustulosum*). Philadelphia: J. B. Lippincott & Co. 1878.

Part III of this most excellent work has lately been issued, and is in every respect equal to Parts I and II, which have been so cordially received by the profession, and so complimentarily noticed by the medical press every where. The plates are executed in the highest style of art, and the descriptions by Dr. Duhring are models of conciseness and clearness.

This work should be in the hands of every practitioner who is not already familiar with diseases of the skin; for the study of dermatology without plates, models, or an abundance of clinical material, is but a weary waste of time. Dr. Duhring's Atlas will comprise eight or ten parts, each containing four plates, royal quarto, with text ex-

planatory of the general features of the disease, its diagnosis, treatment, etc. The cost of each part is two dollars and a half.

L. P. Y.

Formulary.

FOR PNEUMONIA, SCARLATINA, ETC.

R Elixir jaborandi \mathfrak{z} iij;
Norwood's tinct. V. V. \mathfrak{z} ij. M.

S. Teaspoonful every two hours until skin is moist or pulse reduced. Especially useful in pneumonia, or any acute inflammatory disease, as scarlatina, etc.

R Vaseline \mathfrak{z} j;
Acid salicylic..... gr. x;
Ol. bergamot..... } \mathfrak{aa} gtt. v;
Ol. rosemary }
Ol. sassafras gtt. ij. M.

An excellent dressing for the hair, and remedy for dandruff or scaly eruptions of the scalp.

FOR INDIGESTION.

R Carlsbad salts \mathfrak{z} iv.

S. Teaspoonful in half glass of warm water before breakfast each day.

FOR HEADACHE.

R Caffeine..... gr. xij.

Ft. capsules No. 6. S. One every two hours until pain is relieved. Almost a specific.

FOR GONORRHEA.

R Ferri persulph..... \mathfrak{d} j;
Aque font..... \mathfrak{z} vj. M.

S. Inject the urethra thoroughly, being careful to press the solution well back toward the bladder, twice a day.

Miscellany.

THE DIAGNOSIS OF HYDROPHOBIA.—London Lancet: No disease presents greater variation in the character of the symptoms than hydrophobia. The variation is seen, in its extreme forms, in cases about the origin and nature of which no doubt can exist. In some cases the mental symptom, maniacal delirium, predominates; in others the tetanoid spasms, which are so common

toward the close of the disease, are the predominating feature, and give a special character to the case. It is probable that the character of the throat spasms is the great diagnostic feature. But these variations often entail difficulties in the diagnosis and doubts as to the nature of the cases, and may lead, by their expression, to erroneous conclusions on the part of the public. A correspondent has called our attention to the newspaper report of a case near Bath which illustrates this. A lad, two months after a bite from a retriever dog (cauterized by a chemist, but apparently not immediately), was seized with spasms in the chest and throat. Tetanus afterward set in, and he became before death very violent. The account is as accurate a description of the characteristics of many cases of hydrophobia as can be conveyed in as few words. We need not say that tetanus very rarely, if ever, occurs after a wound is quite healed. No doubt it is the description of such cases which has given rise to the idea, hardly yet eradicated from the profession, that hydrophobia and tetanus are the same disease.

A NEW TEST FOR INSANITY.—A philosophic barber, who has more than once contributed to the wisdom of these columns, relates to us a test for insanity which we think comes very near being infallible. He was talking about the facility with which the experts cleared the great forgers and thieves, and said it was different with a case in his neighborhood. A young darkey broke open an old darkey's trunk and stole some money from it. He was found out, and some friends interceded with the old man for the youngster, saying that he was crazy. "Crazy—the devil!" said the old man. "If he had broke open my trunk and *put some money thar*, I might have thought so." He whaled the boy.

THE TEMPERATURE OF THE BREATH.—London Lancet: A correspondent desires to place on record the belief, founded on a series of experiments designed to determine the temperature of the breath in health

and disease, that the normal temperature of the expired air is several—probably eight—degrees below that of the body generally, *i. e. cir.* 88° to 90° F.

OFFICERS ELECT OF THE AMERICAN MEDICAL ASSOCIATION FOR 1879:

President—Theophilus Parvin, M. D., of Indiana.
Vice-presidents—A. J. Fuller, M. D., of Maine; W. F. Westmoreland, M. D., of Georgia; Jno. Morris, M. D., of Maryland; Jno. H. Murphy, M. D., of Minnesota.

Treasurer—Richard Dunglinson, M. D., of Pennsylvania.

Librarian—William Lee, M. D., of District of Columbia.

Committee on Library—John Eliot, M. D., of District of Columbia.

Next Place of Meeting—Atlanta, Ga.

Time of Meeting—First Tuesday in May, 1879.

Assistant Secretary—Scott Todd, M. D., of Atlanta, Georgia.

Committee of Arrangements—J. P. Logan, chairman; H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Chas. Pinckney, V. H. Talliaferro, J. T. Johnson, of Atlanta, Ga.

Committee on Prize Essays—Rob't Battey, of Rome, Ga.; J. G. Westmoreland, of Atlanta, Ga.; Wm. A. Love, of Atlanta, Ga.; Rob't Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn.

Committee on Publication—Dr. Wm. E. Atkinson, chairman; T. M. Drysdale, M. D., A. Fricke, M. D., S. D. Gross, M. D., C. Wister, M. D., R. J. Dunglinson, M. D., of Pennsylvania, and William Lee, M. D., of District of Columbia.

The committee also report the following nominations for chairmen and secretaries of sections for 1879:

I. *Practice of Medicine, Materia Medica, and Physiology*—Dr. Thomas F. Rochester, of Buffalo, N. Y., chairman; W. G. Glasgow, of St. Louis, Mo., secretary.

II. *Obstetrics and Diseases of Women and Children*—E. S. Lewis, of New Orleans, chairman; J. R. Chadwick, of Boston, Mass., secretary.

III. *Surgery and Anatomy*—Moses Gunn, M. D., of Illinois, chairman; Dr. J. R. Weist, of Indiana, secretary.

IV. *Medical Jurisprudence, Chemistry, and Psychology*—Dr. Wm. M. Compton, of Mississippi, chairman; L. M. Eastman, of Maryland, secretary.

V. *State Medicine and Public Hygiene*—Dr. John S. Billings, of District of Columbia, chairman; Dr. J. T. Reeve, of Wisconsin, secretary.

POISON IN THE NURSERY.—Evans & Jones, analysts, in *London Lancet*, April 20th:

For some time past there has been a sad epidemic among the young children in the neighborhood of London, ending indeed in many cases with the death of the child, the disease presenting every appearance of erysipelas. A client of ours, whose child was similarly attacked, suspected the violet powder in use in the nursery, and sent a packet to us for chemical analysis. We returned a certificate (and, we may add, much to our astonishment) stating that it contained twenty-five per cent of white arsenic.

White arsenic is, we believe, at the present time exceedingly cheap; at all events cheaper than starch, of which violet powder is usually made. These children, then, have suffered and died from arsenical poisoning.

We have ourselves purchased several packets of this powder, and, having submitted them to chemical analysis, discovered the same poison in the same amount.

Comment upon all this is useless. We can only add now, when too late to save the lives of the little ones, our analyses have been confirmed by the medical men in the neighborhood. The remarks on violet powder in connection with the trial of Madame Rachel being apropos of this, we thought it only a matter of duty to warn mothers against purchasing these things, except from tradesmen of the best respectability.

PHYSIOLOGICAL EFFECTS OF SALICYLATE OF SODA.—Under this heading Dr. Feltz (*La France Méd.*) describes a case of poisoning by this drug, taken without any medical man's orders. The case shows emphatically the culminative action of the salicylate, of which two hundred grammes were taken during a month, for the first six days four grammes daily, the next seven days, six grammes a day, and for the last seventeen days, eight grammes daily in three doses, equal to about twenty-five grains of salicylic acid three times a day. There were frequent vomiting, complete anorexia, and a coated tongue. The chief symptom was constant

severe headache, with violent attacks of severity, making the patient scream out so as to be heard at a distance. It appeared, as the patient said, as if his head were being struck with a hammer. The pain was chiefly on the summit of the head. Each crisis was preceded by a redness of the neck, mounting rapidly to the head. The pupils were contracted. The symptoms continued with great severity for ten days after the drug was stopped, and continued with less severity for seven days more. Traces of salicylic acid were found in the urine up to the sixteenth day.—*The Doctor*.

THE VITAL STATISTICS OF ITALY.—In Italy during the year 1876 there were 225,000 marriages, 1,083,000 births, and 796,000 deaths, the population being 27,700,000 persons.

VACCINATION OF DOMESTIC SERVANTS.—*London Lancet*: During the week ending the 20th April, of fifty-four deaths from small-pox registered in the Metropolitan Asylum Hospitals, no less than eight were of domestic servants, six of whom were certified as unvaccinated, and two as vaccinated. These facts bear testimony to the risks which families incur of having small-pox introduced into their establishments by their domestic servants. At the present time the whole of the upper and middle classes are vaccinated in infancy, and a large number of the adults have been re-vaccinated, all but absolute impunity from small-pox being thus secured. There is too much reason to fear, however, that these classes take but little pains to see that their servants, and others in their employ, are similarly protected. If at an epidemic time like the present all classes in London were to use their influence to secure the efficient vaccination or re-vaccination of all those with whom they are brought in contact, the small-pox fatality would soon die out for want of material for its ravages. We should then not again hear of the deaths in the metropolitan small-pox hospitals of eight domestic servants within one week.

LAUDANUM AS A "DRAM."—*Lond. Lancet*: Our attention has been called to the practice of laudanum-drinking which prevails to an alarming extent in many districts. We are by no means ignorant of the deadly mischief at work. The quantity of laudanum consumed by persons taking it habitually would scarcely be credited by those who are not familiar with the facts. The system seems to acquire tolerance for the drug, which acts more as a stimulant than as a narcotic, or even what is understood by a "sedative." This last-mentioned circumstance may possibly point to the measures requisite to promote the recovery of the organism from the state of irritability and impending exhaustion which compels the individual accustomed to laudanum-drinking to continue a practice known to be injurious. There must needs be the temporary substitution of some stimulant which can itself be withdrawn, and which, while in action, will excite rather than impair the functions of digestion. Such a remedy may perhaps be found in capsicum. Ten to fifteen drops of the tincture taken in some bland fluid three or, in extreme cases, four times a day will, it is believed, in most cases render it possible to withdraw the drug instantly and permanently. The gradual disuse of the remedy will occasion little difficulty.

TO VEGETARIANS.—*British Med. Journal*: Professor Gubler, in his recent researches as to the causes of cretaceous degeneration of the arteries, has made the very interesting discovery that a principal cause lies in a vegetable diet, and thus explains the frequency of cretaceous arteries among the French rural population at the early age forty. This is the more important because it is well understood that "a man is as old as his arteries," and that chalky degeneration of the arteries is the most fatal kind of premature senility. Further proof he finds in the Trappists, who live exclusively upon vegetable food, very soon show arterial degeneration. In districts where chalky soils

load the drinking-water with earthy salts, a vegetable diet acts more rapidly in affecting the arteries than in regions of siliceous formation.

THE INSANE DO SHED TEARS.—The popular notion that "the insane *never* shed tears" is groundless. Lunatics are not commonly as demonstrative, perhaps not as sympathetic, as the average of sane folk; but they feel deeply and intensely, or vindictively. As a matter of fact, some are profuse in tears. Every thing depends, with the insane as with the sane, upon the kind and strength of feeling. Some are superficially sensitive, and cry on the slightest provocation; others feel more deeply, and therefore cry less, as we have more than once explained. Tears are not, as a rule, the concomitants of deep sorrow. It is very rare to find even a woman shed tears at the foot of the scaffold, or when face to face with a crushing calamity. The suggestion that good might be done by suasive measures and direct appeals to the emotional nature in cases of insanity is not new. All wise practitioners who study individual cases adopt the description of "moral treatment" which seems most likely to produce good results. "The books abound in cases of successful *personal* treatment. The evil of the prevailing method in lunacy is dealing with the insane in classes instead of individually. In the large asylums it is *impossible* to treat cases except in groups."—*London Lancet*.

A DRAINAGE INSPECTION SOCIETY.—*New York Med. Journal*: An association, numbering already four hundred and eighteen members, has been formed in Edinburgh, for the purpose of securing thorough periodical inspection of the drainage of the houses of members. Such an organization, employing competent inspectors, might be of immense sanitary value to the entire community, in the prevention of the many diseases that take their origin in defective sewers and drains. The plan is worthy of imitation.

AN AFFLICTED POPULATION.—In a report lately submitted to the Prefect of the Seine the following startling disclosures were made: Among the population of France, which is estimated at 36,000,000, it has been discovered that there are 37,927 blind, and 29,512 deaf and dumb; that is to say, there is one blind person to 950 inhabitants, and one deaf and dumb to 1,212. The proportion of lunatics is also considerable; of 24,456 insane persons, Paris alone contains 7,333.

THE HISTORY AND PROGRESS OF SURGERY. James George Beaney, F. R. C. S. E., Senior Surgeon to the Melbourne Hospital, in London Lancet, says that anæsthetics were employed in surgical operations nearly two thousand years ago, and specula were in use in Pompeii.

Selections.

The Action of Malaria and its Influence on the Spleen.—John Sullivan, M. D., M. R. C. P., in London Med. Times and Gazette:

Malaria, an element derived from marsh-infection, whether it exist under a gaseous form, or as an emanation evolving special diseased germs, which paralyzes that system of nerves that regulates and controls the arteries and the circulation of the blood, which creates a condition of hyperæmia and congestion opposed to all plastic and true inflammation, becomes a source of great danger when complicated with some local affection of any organ essential to life, as of the liver, the lungs, kidneys, etc. And this malarial fever (a compound of a local and general diseases, which mutually react and aggravate each other) is called pernicious, or dangerous to life.

The action of malaria varies with the individual exposed to its influence; and this difference of action will depend on the degree of its intensity, the constitution of the individual, and upon that condition of body created by past disease or the predisposition to future disease. When malaria exists in a latent or masked form in the human body, it will excite and complicate any disease to which the body, from some peculiar temperament, be it nervous or sanguineous, may be disposed. Thus, if the constitution be disposed to asthma or to hysteria, the patient under the influence of malaria may be seized with a pernicious asthmatic or a pernicious hysterical fever. Should

he be disposed to rheumatism or to liver disease, there may be a complication of pernicious icteric or pernicious endocarditis. The form of malarial disease will always be characterized by some prominent symptom of the special diathesis.

Prof. Baccelli, of the University of Rome, mentions the case of a young midwife in whom malaria existed in a masked state, who became so deeply affected by the dreadful sufferings of a patient in her first confinement, together with the sight of the inhuman conduct of a brutal husband on the occasion, that on returning to her home she was seized with a violent "lumbo-abdominal neuralgic pernicious fever;" that is to say, that the malarial poison excited and directed certain pains to parts already impressed from previous associations, pains exactly resembling those from which her patient had so severely suffered.

This peculiar paroxysm of malarial fever repeated itself three times, and finally yielded to the administration of quinine in large doses. The germs of malaria, when absorbed in the human body, act as ferments. The poison accumulates, and at certain regular intervals of time of intermittence it will explode, discharge, and finally exhaust itself, until a fresh charge is generated by causes from without or by causes within the body, attended by phenomena transitory as are the paroxysms of marsh fever, not constant as may be observed in the course of those remittent or continued fevers which do not owe their origin to the poison of malaria. These special disease-germs, when absorbed, act upon the ganglionic nervous system and on the blood-corpuscles, causing vaso-motor irritation, followed by vaso-motor paralysis.

Of poisons which act on the nerves, and through these on the muscular fibers, some will cause continued nerve-irritation and muscular spasm; and if this effect be too long continued, and not followed by relaxation or nerve-paralysis, death must result from spasm and suffocation. Other poisons may cause immediate nerve-paralysis, and death may result from exhaustion; but marsh malarial poison always produces nerve-irritation, followed by nerve-paralysis.

In a paroxysm of malarial fever there is an abnormal production of heat, from the effect of the poison on the nerve-centers and the heat-producing powers; there is nerve-paralysis, and consequent increase of temperature and congestion. This increase of temperature in marsh fever is supposed by many Italian writers to be more the effect of nerve-paralysis than of any other cause of increased combustion and tissue-metamorphosis, since this abnormal heat is not followed in the early stages of malarial fever by any profound modification in the process of nutrition; neither do they consider that it depends upon the amount of urea excreted, though in marsh cachexia

and latent malaria this excretion is often a more delicate test of the degree of tissue-metamorphosis, and of the consequent amount of heat produced, than is the thermometer.

The deposit of urates during a paroxysm of fever and ague varies greatly. It may be altogether absent, or not at all in proportion to the violence of the fever.

We detect by means of the thermometer, even before and during the cold stage, great elevation of temperature; while that of the periphery is lowered from a contraction of the smaller arteries through primary nerve-irritation and a diminished tissue-metamorphosis. The body-temperature cools down during the hot and sweating stages, and by the relaxation of the peripheral vessels heat is given off.

The action of the poison of malaria upon a particular system of nerves produces an effect similar to that which would result from their division—such phenomena as actually occur when a branch of the great sympathetic, going to any particular part of the body is divided, and consequently paralyzed—and the parts supplied by it would become hot, swollen, and congested, the subject of hyperæmia and of serous exudations, not of inflammation, in the absence of the controlling power of the vaso-motor nerves over the arteries.

It is related in the Archives of Virchow that in a case where the nerves (the splenic plexus of the great sympathetic) which go to the spleen had been divided, there ensued excessive hyperæmia and degeneration of tissue. These changes may therefore be regarded as the expression of a morbid nervous influence. Marsh fever is the declared reaction of the living organism against the cause of infection; it is based on the principle of anæmic congestion, not of true inflammation. As in pneumonia there exists a stasis or paralyzed condition of the red corpuscles of the blood, as they can not convey oxygen to the tissues, so the action of marsh malaria, although more slow, is not less injurious to the red corpuscles. They shrink, from the want of their natural supply of oxygen, and a serious injury is inflicted on the respiratory portion of the medulla spinalis through the action of this altered blood when the function of the red corpuscles is arrested. We may find an explanation for the dyspnoea in pneumonia in the exudation poured into the parenchyma of the lungs, or in the attendant fever; but in marsh cachexia there may be no fever, and although there may exist no cause capable of encroaching upon the area of the lungs, dyspnoea will be observed, from a deficiency of the red corpuscles, the carriers which supply the oxygen necessary for combustion.

The spleen is the organ which suffers most fre-

quently from the influence of the poison of malaria; a reservoir of nutritive blood-materials, to be drawn upon or utilized when required. An organ void of ducts, not intended for secretion, but for the elaboration and assimilation of germ-cells, the materials of which are derived from the blood, must necessarily suffer in an especial manner from the action of a poison like malaria, which directly tends to decompose this blood, from which it derives the materials for the performance of its functions.

Under the influence of malaria the spleen will pass from a slight transient hyperæmia to a permanent condition of hypertrophy, to alteration of texture, degeneration, and atrophy. If the poisonous action be not continued, the swelling may disappear, whether through the spontaneous interruption of the febrile process or under the administration of quinine. If the action be continued, as in marsh cachexia, the swelling of the spleen will be constant, its texture will abound in white corpuscles shrunk and altered, or the gland may be atrophied. The sensation of cold alternating with heats, the livid hue of the skin, and the exudations of serum afford evidence of cerebro-spinal and pulmonary anæmia. The black pigment so often detected after death from marsh cachexia and pernicious fevers in the brain, lungs, liver, blood, etc., the product of the ultimate disintegration of the plasma and corpuscles of the blood, is supposed to have its origin in the spleen, whence it is conveyed through the abdominal veins.

Treatment of Hooping-cough by Carbolic Acid.—Dr. Orville, of Lille, publishes (*Revue de Thérap. Méd.-Chir.*) the record of twenty-five cases of hooping-cough treated by inhalations of carbolic acid contained in a wide-mouthed bottle. When fever indicates an inflammatory lesion this plan must not be resorted to. The bottle is placed close to the mouth of the little patient during the paroxysm of cough, at the moment when the whistling inspiration which follows prolonged expiration is produced. The inspiration of the vapor of the carbolic acid is thus very energetic.

Ointment in Gonorrheal Orchitis.—Dr. Alvarez recommends the following pomade: Finely powdered iodoform, one to two parts; lard, thirty parts. In the course of an hour or two, he says, the pain is relieved. It has also the advantage over the mercurial ointment of not affecting the gums. By its well-known resolvent action the iodoform diminishes the duration of the orchitis, and prevents subsequent induration of the affected organ. It must be used more or less strong, according to the degree of inflammation of the epididymis existing.—*Union Méd.*